TOWN OF JAY	DPW Approval
Division of Code Enforcement 11 School Lane PO BOX 730	Permit #
AuSable Forks, NY 12912	DATE:
1. Applicant's Name, Address, & Contact Informa	tion (phone #, e-mail):
Applicant is (check one):OwnerContrac	torEngineer/Architect
2. Owner's Name, Address, & Contact Information	on (phone #, e-mail):
3. Contractor's Name, Address, & Contact Inform	nation (phone #. e-mail):
5. Contractor's Name, Address, & Contact Inform	iddion (phono ii) o man,
Wages are being paid for performance of work:	YESNO
If yes: Copies of the contractor's liability Insurance Insurance (U-26.3 or C-105.2 Form), or Waiver of Wo	e (ACORD form) and, Workers compensation orkers Comp (CE-200) are required.
4. Project Location: Street Address	· · · · · · · · · · · · · · · · · · ·
Tax Map #	
5. Water Supply: Municipal Water Supply	/New wellExisting well
Wastewater:	

_Municipal sewer

_____ Existing Septic System

__New Septic System (Engineered plans are required by NYS)

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6. Nature of Work – Check all that apply:New BuildingAddition	Repair/AlterationChange of Use
Describe previous and/or proposed use:	
Describe work to be completed:	
7. Cost of new construction or addition:	
Cost of Repair/Alteration:	
Will a Driveway he altered or construct	ed: YES NO

YES

YES

YES

NO

NO

_NO

If "YES", Please complete: Town of Jay "Right of Way Permit Form"

9. Is the project site under Adirondack Park Agency jurisdiction:

Is the project site within a flood plain:

Is the project site in a designated wet land:

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10. NYS Licensed Professional who has drawn Registered Architect (RA) Name, Address, Contact information Licen)Engineer (PE)
plan review	fessional must complete and attach a w summary sheet
11. BUILDING DETAILS: Please c	complete page 4
48. Use week severed by this application be	en started or completed:YESNO
If yes, attach a written explanation.	en started of completed.
the same to be true and correct. All provisio	tructions and examined this application and know ons of laws and ordinances covering this type of ed herein or not. The granting of a permit does not sel the provisions of any other state or local law erformance of construction.
Signature:	Date:

TYPE OF CONSTRUCT:
New House Addition Alteration/Remodel Repair
Mobile Home Shed Swimming Pool Deck
Fuel Burning Device Chimney Garage/Carport
BASEMENT TYPE:
Slab on grade Crawl Space Full Basement Pier
Combination of above (please give approximate dimensions)
HEATING/AIR CONDITIONING EQUIPMENT:
Oil Fired Propane Fired Electric Geothermal
Central Air Other (describe)
GENERAL INFORMATION: (answer all that apply)
Number of Bedrooms Number of Sinks Number of Toilets
Number of bathtubs and/or shower units Is there a Laundry area
Number of enclosed Porches Open Porches
Is there a generator. If so: Size in Kilowatts Fuel source
Manual Start Auto Start
Do you have Solar Panels. If so: Size of array (sf) Number of Panels
Kw per panel Total Kw for the array
EXTERIOR SURFACE: (check all that apply)
Clapboard Siding Shingle Board & Batten Stucco
Vinyl Aluminum Other